DOCUMENT RESUME

ED 460 525 EC 306 901

AUTHOR Levin, Bruce Lubotsky; Beauchamp, Brian T.; Henry-Beauchamp, Leah A.

TITLE Education and Training of Children's Mental Health Professionals: The Existing and Potential Role of Schools of Public Health.

PUB DATE 1996-02-00

NOTE 8p.; In: A System of Care for Children's Mental Health: Expanding the Research Base. Proceedings of the Annual Research Conference (9th, Tampa, FL, February 26-28, 1996); see EC 306 844.

AVAILABLE FROM For full text: http://rtckids.fmhi.usf.edu/Proceed9th/9thprocindex.htm.

PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS Children; College Curriculum; *College Instruction; College Programs; *Course Content; *Emotional Disturbances; Higher Education; *Mental Disorders; *Mental Health Programs; Public Health; Surveys; *Universities

ABSTRACT

This paper discusses the results of a survey that investigated the exiting capacity for and potential to expand education and training opportunities in children's mental health services within schools of public health. The survey was sent to all 27 schools of public health in the United States and Puerto Rico accredited by the Council on Education in Public Health. The survey sought information on the existence, substantive nature, and availability of mental health and substance abuse courses, areas of concentration, as well as degree programs within these colleges of public health. It also contained questions which sought information on how these courses and programs were organized within the schools of public health. Results found that 19 of the 27 schools of public health offered courses in mental health services, with 12 schools offering two or more mental health courses. Eighteen of the 27 schools of public health offered courses in social and behavioral sciences. Topics most frequently offered were mental health epidemiology, mental health planning, administration, policy and law, mental health statistics and research, children and family mental health services, and stress management. (Contains 12 references.) (CR)

Reproductions supplied by EDRS are the best that can be made from the original document.

The 9th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996).

ED 460 525

Education and Training of Children's Mental Health Professionals: The Existing and Potential Role of Schools of Public Health

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Introduction

In the early 1980s, a landmark national study by Knitzer (1982), conducted on behalf of the Children's Defense Fund, found a widespread failure of states to meet the service delivery needs of children and adolescents with serious emotional disorders. In that study, only 21 states were found to have a child and adolescent mental health unit, and it was estimated that approximately two-thirds of children with serious emotional illnesses were not receiving needed services.

Since the publication of this study, increasing attention has been given in the literature to the conceptualization, development, and implementation of integrated and comprehensive mental health systems of care for children and adolescents (Burns and Friedman, 1990; Friedman and Kutash, 1992; Jordan and Hernandez, 1990; and Stroul and Friedman, 1986). Davis, Yelton, Katz-Leavy, and Lourie (1995) recently reported significant progress in the organization and support of children and adolescent mental health services due, in part, to initiatives by private foundations, the passage of federal legislation, increased interagency collaboration, state legal mandates and court orders, and expansion in the availability of alternative mental health services.

Meanwhile, within the educational systems throughout the United States, research has suggested that educational services for children with emotional and behavioral disabilities have been inadequate and have resulted in poor outcomes for children (Knitzer, 1982; Knitzer, Steinberg, & Fleisch, 1990; Knitzer, 1993; and Wagner, D'Amico, Marder, Newman, & Blackorby, 1991). According to the Office of Special Education and Rehabilitative Services (U.S. Department of Education, 1992), these children have lower graduation rates, lower grade point averages, and are less likely to continue in school compared to all students.

EC 306901

BEST COPY AVAILABLE

Prompted by these findings and in response to the need for improving the outcomes for children/adolescents and their families, a shift in both the conceptualization and practice within an integrated mental health system of care is in progress. The recent national study reported by Davis et al. (1995) found significant progress nationally (since 1982) in the organization, financing, and delivery of mental health services to children and adolescents. Nevertheless, in considering this new children's mental health paradigm of community-based systems of care, Knitzer (1993) and Davis et al. (1995) have maintained that there are presently few well-trained professionals and leaders focusing on collaborative initiatives in children's mental health service delivery. Additionally, Duchnowski and Friedman (1990) have discussed the need for developing improved undergraduate and graduate curriculum to train professionals who will staff, organize, and manage these emerging systems of care. Furthermore, Duchnowski and Kutash (1995) have suggested that training individuals in children's mental health services should ideally be provided within an a multidisciplinary, public health perspective.

It is, of course, not enough to proclaim a new paradigm shift within the mental health system without infusing this re-conceptionalization, organization, and delivery of child and adolescent mental health services into a comprehensive education and training agenda. This paper provides readers with a summary of the existing capacity for and potential to expand education and training opportunities in children's mental health services through a public health perspective.

Method

A national survey was utilized to summarize the existing capacity for and potential to expand education and training opportunities in children's mental health services within schools of public health. A two page, nine item, self-administered questionnaire was developed and sent to all 27 schools of public health in the United States and Puerto Rico which were accredited (as of the fall, 1995) by the Council on Education in Public Health. The survey instrument sought information on the existence, substantive nature, and availability of mental health and substance abuse courses, areas of concentration, as well as degree programs within these colleges of public health. It also contained questions which sought information on how these courses and programs were organized within the schools of public health. Additionally, the survey contained questions which permitted the collection of information regarding child and family health courses which were offered during the 1995-1996 academic year.

Results

Mental Health

All 27 questionnaires were completed and returned, resulting in a 100 percent response rate. Nineteen of the 27 schools of public health offered courses in mental health services, with 12 of these 19 schools offering two or more mental health courses for the 1995-1996 academic year. Eighteen of the 27 schools of public health offered courses in social and behavioral sciences.

A variety of mental health courses was taught in the 19 schools of public health. However, the topics most frequently offered were mental health epidemiology (25 courses taught nationally), mental health planning, administration, policy and law (12 courses taught nationally), mental health statistics and research (11 courses taught nationally), children and family mental health services (eight courses taught nationally), and stress (seven courses taught nationally). The courses taught in children and family mental health within schools of public health included: Family and Mental Health (University of California at Los Angeles); Childhood Mental Disorders: Public Health Perspectives (Harvard University); Children's Mental Health (University of Illinois at Chicago); Epidemiology of Children's Psychiatric Disorders (University of Pittsburgh); Mental Health of Children and Adolescents (The University of Texas); An Introduction to Personality and Cognitive Development: Application to Maternal and Child Health (Harvard University); Child Development and Psychopathology (Johns Hopkins University); and Public Health Interventions for Prevalence of Youth Violence and Depression (University of South Florida).

The mental health courses were organized in a variety of departments within the schools of public health. Only Johns Hopkins University organized all of the mental health courses into an independent departmental structure (Department of Mental Hygiene). Nevertheless, 15 schools of public health contained health education, health behavior, and/or social and behavioral sciences departments, while eight schools housed maternal and child health departments.

A total of nine schools of public health offered either master's degree programs, doctoral degree programs, post doctoral degree programs, or areas of concentration in mental health services (Loma Linda University, University of California at Berkeley, Yale University, University of South Florida, University of Illinois at Chicago, Harvard University, Johns Hopkins University, Columbia University, and University of Pittsburgh). Furthermore, two schools of public health (Johns Hopkins University and University of Minnesota) offered certification programs in mental health. For the 1995-1996 academic year, there was a total of 37 post doctoral fellows in mental health attending seven schools of public health (University of California at Berkeley, Yale University, University of Illinois at Chicago, Harvard University, Johns Hopkins University, Columbia University, and University of Pittsburgh).

Substance Abuse

Substance abuse courses were offered by 14 of the schools of public health. Ten of the 14 schools of public health offered two or more substance abuse courses during the 1995-1996 academic year. Johns Hopkins University and the University of Minnesota offered five substance abuse courses, while both the University of California at Berkeley and Loma Linda University offered four substance abuse courses.

A total of six schools of public health offered areas of concentration, post doctoral programs, and/or certification programs in substance abuse (Loma Linda University, Boston University, Harvard University, Johns Hopkins University, University of Pittsburgh, and University of South Carolina). For the 1995-1996 academic year, there was a total of seven post doctoral fellows in substance abuse attending two schools of public health (Johns Hopkins University and the University of Pittsburgh).

Discussion

Although the first generation of schools of public health was established prior to 1920, almost one half of the total schools of public health were established and accredited after 1960. These interdisciplinary institutions have significantly shorter histories of producing graduate students, vis-a-vis graduate programs in the core disciplines of mental health services (e.g., psychiatry; psychology; social work; and psychiatric nursing). As interagency and collaborative comprehensive systems of care for children

collaborative comprehensive systems of care for children and their families emerge within communities, higher education faces a tremendous series of both challenges and opportunities to participate in the education and training of children's mental health professionals from a multidisciplinary, public health perspective.

Public health, by definition, examines health and disease from multidisciplinary and community perspectives. Prevention and early intervention orientations are basic foundations in public health. When examining systems delivery, a public health framework incorporates an epidemiologic perspective, drawing on theories from medicine, biometry, environmental and occupational health, economics, sociology, business, and many other disciplines. Thus, a public health perspective examines the entire array of problems faced by a specific population. Additionally, many schools of public health have developed cross training and multidisciplinary (joint) degree programs with other graduate/professional programs, including social work (M.P.H./M.S.W. programs), medicine (M.D./M.P.H. programs), and law (J.D./M.P.H. programs). Thus, there inherently exists within schools of public health unique opportunities to utilize their existing capacity to train mental health professionals working with children and their families.

The results of this study indicated that the majority of the schools of public health (70 percent) do not currently have a comprehensive curriculum and/or the expertise available to train practitioners to work with children and youth with emotional disorders. Historically, this lack of multidisciplinary and cross-training of professionals can be attributed to the fragmentation of the children's mental health delivery systems that currently exists (Duchnowski and Kutash, 1995).

Nevertheless, clearly, schools of public health do have the capacity to develop and create expertise in both the mental health services delivery and the child and family health fields. Currently, nearly three quarters (74 %) of the surveyed schools of public health indicated that they offered degree programs, courses, post-doctoral fellowships, and/or continuing education opportunities to assist mental health professionals in becoming more oriented toward prevention and early intervention paradigms. Additionally, 44 percent of the schools of public health indicated offering both mental health and substance abuse courses.

The authors are currently working with the University of South Florida College of Public Health in developing an area of concentration in mental health and substance abuse services at both the master's and doctorate levels. This area of concentration in mental health and substance abuse would be open to students from any of the four departments within the USF College of Public Health. Furthermore, graduate students enrolled in the Doctoral Studies in Child

and Family Policy (based in the USF Department of Special Education and the USF/FMHI Department of Child and Family Studies) would also enroll in these mental health courses, in order to train future professionals in collaborative integrated systems of care for children and adolescents.

References

Burns, B. J., & Friedman, R. M. (1990). Examining the research base for child mental health services and policy. Journal of Mental Health Administration, 17, 87-98.

Davis, M., Yelton, S., Katz-Leavy, J., & Lourie, I. S. (1995). "Unclaimed children" revisited: the status of state children's mental health service systems. Journal of Mental Health Administration, 22, 147- 166.

Duchnowski, A. J., & Friedman, R. M. (1990). Children's mental health: challenges for the nineties. Journal of Mental Health Administration, 17, 3-12.

Duchnowski, A. J., & Kutash, K. (1995). Developing comprehensive systems for troubled youth: Issues in mental health. Unpublished paper, Tampa, FL.

Friedman, R. M., & Kutash, K. (1992). Challenges for child and adolescent mental health. Health Affairs, 11, 125-136.

Jordan, D. D., & Hernandez, M. (1990). The Ventura planning model: A proposal for mental health reform. Journal of Mental Health Administration, 17, 26-47.

Knitzer, J. (1993). Children's mental health policy: challenging the future. Journal of Emotional and Behavioral Disorders, 1, 8-16.

Knitzer, J. (1982). Unclaimed children: The failure of public responsibility to children and adolescents in need of mental health services. Washington, DC: The Children's Defense Fund.

Knitzer, J., Steinberg, Z., & Fleisch, B. (1990). At the schoolhouse door: An examination of programs and policies for children with behavioral and emotional problems. New York: Bank Street College of Education.

Stroul, B. A., & Friedman, R. (1986). A system of care for severely emotionally disturbed children and youth. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

United States Department of Education (1992). Fourteenth Annual Report to Congress. Washington, DC: U.S. Government Printing Office.

Wagner, M., D'Amico, R., Marder, C., Newman, L., &

Blackorby, J. (1994). What happens next? Trends in postschool outcomes of youth with disabilities. In The second comprehensive report from the National Transitional Longitudinal Study of Special Education Students. Menlo Park, CA: SRI International.

Authors

Bruce Lubotsky Levin, Dr.P.H.
Associate Professor
levin@fmhi.usf.edu

Brian T. Beauchamp, M.P.H.
Graduate Assistant

Leah A. Henry-Beauchamp, Ph.D.
Research Assistant Professor

Department of Child and Family Studies
The Louis de la Parte
Florida Mental Health Institute
University of South Florida
13301 Bruce B. Downs Blvd.
Tampa, Florida 33612-3899
Voice: 813/974-6400
Fax: 813/974-4406

Note: Brian T. Beauchamp, M.P.H. is now Manger of Public Information, Juvenile Diabetes Foundation International, New York, NY. Leah A. Henry-Beauchamp, Ph.D. is now Assistant Professor of Education, Wagner College, Staten Island, NY.

Liberton, C., Kutash, K., & Friedman, R. M. (Eds.), (1997). The 9th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research & Training Center for Children's Mental Health.